

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
**SAGadahoc COUNTY**

Date: \_\_\_\_\_

CDBG EDP SURVEY #: \_\_\_\_\_

The Town/City of \_\_\_\_\_ has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are: \_\_\_\_\_

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the community is surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to \_\_\_\_\_ as soon as possible. If you have questions, please contact \_\_\_\_\_** Thank you for your cooperation.

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**In determining total family income use your total gross income for the 12 month period prior to completing this form.**

**FAMILY SIZE:**

(Please Circle one)

**FAMILY INCOME:**

(Please check one)

	30%	50%	80%	Above 80%
1	Below 21,700	21,701 - 36,150	36,151 - 57,800	Above 57,801
2	Below 24,800	24,801 - 41,300	41,301 - 66,050	Above 66,051
3	Below 27,900	27,901 - 46,450	46,451 - 74,300	Above 74,301
4	Below 32,150	32,151 - 51,600	51,601 - 82,550	Above 82,551
5	Below 37,650	37,651 - 55,750	55,751 - 89,200	Above 89,201
6	Below 43,150	43,151 - 59,900	59,901 - 95,800	Above 95,801
7	Below 48,650	48,651 - 64,000	64,001 - 102,400	Above 102,401
8	Below 54,150	54,151 - 68,150	68,151 - 109,000	Above 109,001

**BENEFICIARY INFORMATION:**

**Individual Race:** Indicate by placing an "X" on the appropriate line:

White \_\_\_\_ Black/African American \_\_\_\_ Asian \_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_ Asian & White \_\_\_\_  
American Indian/Alaskan Native & White \_\_\_\_ Black/African American & White \_\_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_\_ Other \_\_\_\_

**Individual Make-up:** Indicate by placing an "X" on the appropriate lines:

Elderly: \_\_\_\_ Severely Disabled: \_\_\_\_ Female Head of Household? Yes \_\_\_\_ No \_\_\_\_ Before taking this job were you employed? Yes \_\_\_\_ No \_\_\_\_

**I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town/City of \_\_\_\_\_, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_\_ NON-LMI \_\_\_\_

Signature of authorized official \_\_\_\_\_ Date \_\_\_\_\_